

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10580200

FILING DATE

APPLICANT(S)

7-14-08 43009

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		5		5		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12		5		5		
13		1		1		
14				1		
15				1		
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TOTAL IND.	4		6			
TOTAL DEP.	16		20			
TOTAL CLAIMS	20		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS